

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES**

COMMITTEE: Policy Topics Committee

RECORDER: Patsy Hampton, WestEd/CPEI **DATE:** February 17, 2011

COMMITTEE MEMBERS

PRESENT: Bridget Ammons, Susan Burger, Bev Ching, Stephanie Pringle-Fox, Laurie Jordan, Dwight Lee, Mara McGrath, Peter Michael Miller, Erin Paulsen, Elaine Fogel-Schneider (Chair), Letha Sellars,

ABSENT: Tony Anderson, Kathleen Colvin, Toni Doman, Toni Gonzales, Michael Zito

GUESTS: Rick Ingraham, Mary Ellen Peterson

LIAISONS: Erin Paulsen (DDS), Michael Zito (CDD, CDE)

MEETING NOTES

I. INTRODUCTIONS AND WELCOME

Members were welcomed and self-introductions were made.

II. AGENDA REVIEW

Agenda items are to review the indicators and discussion on the Best Practices Guidelines regarding accessing insurance.

III. REVIEW AND APPROVAL OF November 17, 2010 NOTES

Minutes were approved with no corrections.

IV. CHAIR'S REPORT

Agenda items are to review the APR indicators to determine questions for DDS and discuss strengths and weaknesses of the data presented this morning.

V. MEMBERSHIP

It was suggested that the Policy Committee raise the issue of the ICC membership. We do not have the ICC membership as required by federal law and consequently are out of compliance.

VI. ACTIVITIES & WORKPLAN

Rick reviewed the indicators to be discussed with the group: Indicators 2, 3, 4 and 6.

We need data on how many families are accessing the insurance. Suggest a uniform and simple process and standardization across regional centers. This would include a process for exception policies, e.g., a certain number of key items that need to be considered in order to make an exception. Families need to receive clear information/guidance and a safety net for those who cannot afford to use their insurance.

Indicator 3:

- Outcomes #3. Is the language “entered or exited” accurate? It applies to children receiving services for at least 6 months.
- What constitutes a sample size? The new Early Start report will provide a more substantial sample
- What tools are used to diagnosis lack of progress? Depends on disability/age. There are a dozen tools used, varying by clinicians and regional centers.
- Concern was raised that this data could be used to determine which children would retain services and which would get cut
- More specificity about what age the child was when they were enrolled; look at level of disability and when the child came into the program

Indicator 4:

- Parent perception driven
- Know their rights regarding the IFSP
- This is a training issue and where you partner with your FRC.

Indicator 5

National average is 1.0%

Not clear that this is % of California children, not children in Early Start

Percentage sign should not be used

Header should read: Percentage of CA infants birth to age 1 with IFSPs

OSEP’s language is confusing

Indicator 6

Same as above

Indicator 7

- Concern about quality of evaluation and assessment; no standard requirement of health status. IFSP’s may be developed with incomplete health information
- Also need more consistency in connections between the pediatric community and Early Start programs; developmental screening results may or may not be used by Regional Centers, and information not shared between physician and Regional Center
- Clarification that the IFSP is not just a meeting; this indicator should include the written plan which is a required part of an IFSP meeting.

- What are the factors that influenced the reduction of numbers in FY 09-10? (i.e. true sample due to suspension in monitoring, budgetary, etc.)
- Describe the IFSP process in more detail.

Priorities:

- These are all required by OSEP and are equally important. The committee expressed caution that this information could be misunderstood by outside entities. Information needs to be clarified.
- What is this committee's role in making recommendations in developing Early Start standards? What is the process? Request clarification. Having ICC participation in that process is critical.

Development of Best Practices for Accessing Private Insurance

Committee finalized draft best practices document and will request that it be discussed at May ICC meeting.

Recommendations:

- Need for a contact person or liaison at Medi-Cal for Early Start Services.
- Work with Family Voices and Dept. of Managed Health Care to develop a consumer-friendly glossary of terms related to insurance. Include 800 numbers and websites such as HealthHelp.ca.gov and the Family Voice Health Care Connections document
- Recommend DDS develop implementation policy for all Regional Centers to use related to use of private insurance.

VII. OTHER BUSINESS

1115 waiver begins in July. Fact sheet is being developed by Family Voices. Need to educate families and providers